

Bulletin on Current Literature

THE NATIONAL SOCIETY

for
CRIPPLED CHILDREN and Adults, Inc.

the Easter Seal Agency

11 SO. LA SALLE ST., CHICAGO 3, ILL.

LAWRENCE J. LINCK, Executive Director

Volume 11, Number 8

One Dollar a Year

August 1950

AGRICULTURE

513. Clarke, Elizabeth.

Gardening as a therapeutic experience. Am. J. of Occupational Therapy.
May-June, 1950. 4:3:109-110, 116.

"Gardening for handicapped persons gives prescribed exercise while the patient is out-of-doors or in a sun-filled room. It stimulates the mind to pleasurable education leaving a permanent constructive value to the activity."

AMPUTATION

514. Finesilver, Edward L.

Rehabilitation and the cineplastic amputation. Connecticut State Med. J.
Feb., 1950. 14:2:100. 5 p. Reprint.

"The use of the cineplastic amputation in selected cases is of distinct advantage in the rehabilitation of the armless. Through the natural control obtained by this procedure the individual is able to utilize the assistance of the amputated arm in the performance of his daily tasks. By increasing his efficiency he restores his confidence in himself to partake of a fuller life without asking for special consideration."

AMPUTATION--MEDICAL TREATMENT

515. New York. New York University-Bellevue Hospital. Department of Physical Medicine and Rehabilitation.

Activities for A-K amps; what to do when you get home. New York, the Dept., (1950?). (16) p., illus. Mimeo.

A small booklet with drawings and brief text prepared for the patients of the Physical and Rehabilitation Services of New York University-Bellevue Medical Center, Bellevue Hospital, and Goldwater Memorial Hospital giving information on the care of the stump before and after training with prosthesis.

Distributed by Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, First Avenue and E. 27th St., New York 16, N. Y.

516. New York. New York University-Bellevue Medical Center. Department of Physical Medicine and Rehabilitation.

Activities for B-K amps; what to do when you get home. (New York, The Dept. 1950?). (17) p., illus. Mimeo

A Monthly Bibliography for Workers with the Handicapped

Compiled by the Library of the National Society for Crippled Children and Adults. The publications listed in this issue have been added to the loan collection of the library. Prices and addresses are given when known, so that orders may be sent directly to the publishers. The library does not stock copies for sale. The loan service of the library is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

AMPUTATION--MEDICAL TREATMENT (continued)

A small booklet with drawings and brief text prepared for patients. Distributed by Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, First Avenue and E. 27th St., New York 16, N. Y.

APHASIA

517. Eliasberg, Wladimir G.

A contribution to the prehistory of aphasia. J. of the History of Medicine. Winter, 1950. 5:1:96-101. Reprint.

Reports observation of aphasia cases and psychological theories as discussed by Moses Mendelssohn and other philosophers of the 18th century.

APHASIA--OCCUPATIONAL THERAPY

518. Palmer, Martin F.

Aphasia and occupational therapy. Am. J. of Occupational Therapy. May-June, 1950. 4:3:95-98, 140.

A consideration of what aphasia is, the involvements associated with it, and the problems in diagnosis and treatment.

"This is the first of two articles written on Aphasia and Occupational Therapy by staff members of the Institute of Logopedics. The second article will appear in the July-August, 1950, issue."

ARTHRITIS--MEDICAL TREATMENT

519. U. S. Veterans Administration.

Rheumatoid arthritis with especial reference to its treatment, by Edward F. Rosenberg. Washington, The Administration, 1949. 12 p. (TB 19-60, December 30, 1949).

A bulletin prepared by Dr. Edward F. Rosenberg, Chief, Arthritis Clinic, Michael Reese Hospital, Chicago, Ill., for distribution to the hospitals and medical personnel in V. A. hospitals.

BLIND--EMPLOYMENT

520. Routh, Thomas A.

Employment counseling for the blind. Outlook for the Blind. May, 1950. 44:5:136-140.

The blind need help in choosing a practical vocational objective through which they can make a satisfactory adjustment to their handicap. The job ultimately selected by the blind person should match his aptitudes, capacities, personality and mental attitude. "The final objective of all employment counseling is the selective placement of a blind person on a job whereby the employer may obtain full use of the counselee's intelligence, education, skills and experience."

BONES

521. Gullickson, Glenn (and others).

The effects of paralysis of one lower-extremity on bone growth; a preliminary report, by Glenn Gullickson, M. Olson and F. J. Kottke. Archives of Physical Medicine. June, 1950. 31:6:392-400.

"Eighty-eight cases of chronic poliomyelitis with unilateral involvement of a lower extremity in patients 6 months to 14 years of age at onset were examined 3 to 7 years later. The relation between muscle strength, atrophy and discrepancies in growth of the involved femur, tibia and total lower extremity were analyzed. No correlation was found between muscle strength of the leg and shortening of the tibia. Significant but very poor correlation was found between the muscle strength of the thigh and shortening of the femur. There was a definite correlation between atrophy of the thigh or leg and shortening of the

BONES (continued)

femur or tibia, between total strength of the involved extremity and shortening in that extremity and between total atrophy and shortening of the involved extremity. The age at which acute poliomyelitis occurred appeared to bear no relation to the amount of shortening up to the time of bone maturity. The factors which may be related to soft tissue atrophy and diminution of bone growth have been considered."

See also 568.

CAMPING--INDIANA

522. Paxton, Mary.

Johnny Easter goes to camp. Monthly Bul., Indiana State Bd. of Health. May, 1950. 53:5:103, 115-116.

The story of Johnny, a twelve year old spastic, and his experiences at Camp Koch, a camp for crippled children, owned and operated by the Indiana Society for Crippled Children and Adults. The camp program was built to give crippled children fun, health and, most important of all, social adjustment.

CAMPING--WISCONSIN

523. Smilin' Through. June, 1950. 12:50.

Title of issue: Wawbeek, Land of the Easter Seal.

Entire issue devoted to an account of the camp for crippled children operated by the Wisconsin Association for the Disabled. Available from The Association, 119 E. Washington Ave., Madison 3, Wis.

CAMPING--ADMINISTRATION

524. National Conference of Christians and Jews.

Suggestions for camp directors. New York, The Conference (1950). (12) p.

The present pamphlet was adapted (in part) by permission from a leaflet prepared by the Girl Scouts of the United States of America. It is an attempt to help camp directors understand and meet the religious needs of their campers.

Leaflet distributed by National Conference of Christians and Jews, 381 Fourth Ave., New York 16, N. Y. Free.

CEREBRAL PALSY--MEDICAL TREATMENT

525. Frantz, Charles H.

Orally given mephenesin in infantile cerebral palsy. J. Am. Med. Assn. June 3, 1950. 143:5:424-426.

"Orally given mephenesin (tolserol) was well tolerated over a seven month period in 23 children (86 per cent) of a test group of 27 subjects with infantile cerebral palsy. No undesirable results were manifest in blood and urine studies. Vertigo, nausea, vomiting, irritability and listlessness were undesirable side effects noted in children receiving doses up to 2 Gm. Vertigo was in most cases easily controlled by change in dosage. Children with spasticity and rigidity did not respond satisfactorily in the group evaluated. (They constituted 38.2 per cent of children tolerating the drug.) Of 16 athetoid children, 14 demonstrated beneficial effects (87 per cent). (They constituted 60.8 per cent of the children tolerating the drug.) Children with tension athetosis seem to have a favorable response to mephenesin more consistently than other groups."

526. Russ, H. H.

The general practitioner looks at cerebral palsy. Crippled Child. June, 1950. 28:1:20-21, 29.

The family doctor, when interested in and informed of cerebral palsy, is in an ideal situation to identify the cerebral palsied infant and to work with him and his parents in the training program for his care and education.

CEREBRAL PALSY--MENTAL HYGIENE

527. Berger, Clyde C.

The semantic reactions of the adult cerebral palsied, by Clyde C. Berger and Francis M. Giden. Am. J. of Occupational Therapy. May-June, 1950. 4:3:102-105, 135.

A consideration in semantic terms of the significance of the concept of cerebral palsy to society and to the cerebral palsied individual.

CEREBRAL PALSY--PHYSICAL THERAPY

528. Bobath, K.

Spastic paralysis; treatment of by the use of reflex inhibition, by K. Bobath and Berta Bobath. Brit. J. of Physical Medicine. June, 1950. 13:6:121-127.

"To sum up, we believe that it is possible to restore to the spastic patient the lost cortical inhibitory control. We can reduce muscle tone generally, and decrease disparity of tone between the opposing muscle groups, by 'positioning,' thus releasing the inhibited phasic reflexes. These phasic reflexes are then broken up and partially inhibited, using Schaltung (as described) for this purpose. The reduction of spasticity will facilitate the normal functioning of the proprioceptive system. Through the medium of the afferent pathways, stimuli of low intensity and of short duration (that is, below the latency periods of tonic reactions) are applied, and movements are initiated and guided throughout their course. Thus the patient is enabled to build up the inhibitory control progressively from the level of integration to which he was reduced as a result of the lesion."

529. Ellingsen, K.

Physiotherapeutic techniques in the treatment of the cerebral palsied child. Physiotherapy. June, 1950. 36:6:112-114.

An instructive presentation of the purposes and methods of physical therapy treatments with cerebral palsied patients.

CEREBRAL PALSY--SOCIAL SERVICE

530. Tupper, Rose.

Social case work with parents of a group of children diagnosed cerebral palsy. (Buffalo) The Author, 1949. 7 p. Typed.

Summary (p.109-121) of an unpublished thesis submitted in partial fulfillment of the requirements for the degree of Master of Social Service, University of Buffalo, School of Social Work, Feb., 1949.

CHILDREN--GROWTH AND DEVELOPMENT

531. Smith, Richard M.

Between one and five. Boston, John Hancock Mutual Life Insurance Co. (c1950). 31 p., illus.

A booklet on the growth and development of the normal child distributed by John Hancock Mutual Life Insurance Company, Boston, Mass., and its local agents. Free.

CHRONIC DISEASE--INSTITUTIONS--INDIANA

532. Public Welfare in Indiana. May, 1950. 60:5:3-15.

Entire issue devoted to articles on nursing homes.

Partial contents: The nursing home picture, by Warren L. Edwards. -Medical assistance and nursing homes, by Eleanor M. Hack. -How nursing homes can be of service to a physician, by Harold Nisenbaum. -Fire prevention in nursing homes, by Alex Houghland. -Nursing home sanitation, by Albert L. Klatte. -Useful activities for nursing home patients, by Winifred Kahmann. -"...and their adjustments were few," by H. C. Gordon. -The development of the Nursing Home Associations, by L. H. Millikan.

This issue is available from The Editor, Public Welfare in Indiana, 141 S. Meridian St., Indianapolis, Indiana.

CHRONIC DISEASE--PROGRAMS

533. Mayo, Leonard W.

National Commission on Chronic Illness. Crippled Child. June, 1950. 28:1:10-12.

A description of the organization, purpose and plans of the National Commission on Chronic Illness established in May 1949.

CLEFT PALATE

534. Harkins, Cloyd S.

The cleft palate child is crippled, by Cloyd S. Harkins and M. Maria Nitsche. Crippled Child. June, 1950. 28:1:22-23, 29.

"The limitations and penalties of the cleft palate handicapped can be considerably reduced by integrated, coordinated and cooperative efforts of the specialists, parents and cripple. The specialists primarily involved in the rehabilitation of these persons are the pediatrician, maxillo-facial surgeon, the prosthodontist (a specialist in building appliances for the mouth), the speech clinician and the psychologist."

COMMUNITY CENTERS

535. Play Schools Association.

How to make a play school work; a manual for teachers and group leaders, procedure program. New York, The Assn., c1949. 36 p.

"The purpose of this pamphlet is to guide those who are responsible for the out-of-school care of children of school age and to answer some frequent questions on the planning for wholesome group living. Play Schools are dedicated to a happy and healthful program of work-play activities for children between the ages of five and thirteen in their after school hours in winter and all day in summer. This manual gives the framework for such a program. For related reading material, see 'It's All in Play' published by the Play Schools Association."

Available from Play Schools Association, 119 W. 57th St., New York 19, N. Y., at 40¢ a copy.

CONVULSIONS

536. Peterman, M.G.

Febrile convulsions in children. J. Am. Med. Assn. June 24, 1950. 143:8:728-730.

A report of an intensive study made of 180 cases of febrile convulsions selected from 3,000 cases of convulsions that were reviewed. "For the purpose of this discussion a febrile convulsion is defined as a major seizure precipitated by a nonspecific fever of variable degree in a person with a potential convulsive disorder." Encephalographic study in diagnosis is urged in every case of convulsion in childhood. "The immediate treatment in the febrile convulsion must be the reduction of the fever. However, the next problem, of equal importance and urgency, is the establishment of the diagnosis, as the basis for further treatment and prevention of recurrence. After that the drugs of choice are phenobarbital, phethenylate, gemonil (5,5-diethyl 1-methyl barbituric acid), phenurone (Phenacetylurea; alpha-phenyl acetourea) and diphenylhydantoin sodium, depending on diagnosis. The treatment must be continued for at least one year after the last convulsion and after the electroencephalogram becomes normal."

DEAF

537. Browd, Victor L.

Hearing reeducation without the use of hearing aids; a report, analysis and interpretation of the results in fifty hard of hearing patients. Archives of Otolaryngology. May, 1949. 49:511-528.

DEAF (continued)

"Auditory reeducation is an effective therapeutic measure indicated in all degrees and patterns of hearing loss of long standing and in all situations in which an untroublesome level of hearing has not been, or is not likely to be, reached or maintained through other measures. Though generally thought to be a procedure which can be given only with a hearing aid, auditory reeducation may be given effectively with or without a hearing aid. On the other hand, a hearing aid seldom provides a satisfactory level of hearing without auditory reeducation."

DEAF--ASSOCIATIONS--PROCEEDINGS

538. Fauth, Bette La Verne.

A study of the proceedings of the Convention of American Instructors of The Deaf, 1850-1949, by Bette La Verne Fauth and Warren Wesley Fauth. Am. Annals of the Deaf. Mar. & May, 1950. 95:2 & 3. 2 pts.

Thesis submitted to the Faculty of Gallaudet College in partial fulfillment of the requirements for the degree of Master of Arts.

The purpose of this thesis is to make available to all as an additional source of information the thirty-four volumes containing the complete account of each Convention held since 1850 up to the present time. "In order to do this, the thirty-five chapters of the thesis are set up according to principal subjects prevalent in the education of the deaf. At the end of each Chapter is a Bibliography which consists of a complete list of papers, principal demonstrations, and discussions on the Chapter subject as found in the entire Proceedings...The Proceedings present a picture of the early educators who were moved by spiritual impulses and high endeavors to promote the education of the deaf and improve in every possible way the means of instructing the deaf."

DEAF--BIBLIOGRAPHY

539. Higgins, Francis C.

The education of the deaf; the book mart, being a list of books on the deaf, speech and speech-reading, the language of signs, etc., now in print, part II. Am. Annals of the Deaf. May, 1950. 95:3:315-349.

"The first list was published in the American Annals of the Deaf, Vol. 92, No. 2, March, 1947, pp. 151-168. The information for this second list was collected soon after the publication of the first list. Therefore, the writer makes no claims that any or all of the books in the second list are still available. It is suggested that the readers write to the publishers to determine if the books can still be obtained."

540. MacDonald, Nellie V.

Books suitable for small deaf children. Volta Rev. June, 1950. 52:6:256, 292.

"The teacher in charge of the pre-school for the deaf at the King Edward School in Toronto offers a list, supplementary to the one published in the February 1950 issue of the Volta Review, of books for the preschool deaf or hard of hearing child from three to five years of age. These books are also suitable for the deaf child in primary school who did not attend nursery school."

DEAF--EQUIPMENT

541. Carhart, Raymond

Hearing aid selection by university clinics. J. of Speech and Hearing Disorders. June, 1950. 15:2:106-113.

"In summary, the author believes that hearing clinics in hospitals and universities should be centers where problem cases can be brought for analysis, guidance, recommendation, and remedial training. In other words, the clinic should be a center for advanced study of auditory difficulties. One of the clinic's concerns must be with hearing aids and their use by cases seeking audiological help. The task includes training in adjustment to amplification, as well as the determination of a suitable instrument... Programs for hearing

DEAF--EQUIPMENT (continued)

aid selection in clinics will neither win wholehearted support nor accomplish their full good until the role of such programs is most widely understood and until their responsibilities are discharged with full effectiveness."

DEAF--MENTAL HYGIENE

542. Harsh, J. Richard.

The psychologist's role with the hard of hearing. Hearing News. June, 1950. 18:6:7-8, 16, 18, 20.

Paper presented before the California Association for Aural Education, November 5, 1949, at Los Angeles. Mr. Harsh is Coordinator, Division of Research and Guidance, Los Angeles County Schools, California.

DEAF--PREVENTION

543. Guild, Stacy R.

Industrial noise and deafness. J. of Insurance Medicine. Apr., 1950. 5:2. 3 p. Reprint.

"In non-technical language, for the most part, the essential facts about deafness due to exposure to noise are stated, practical methods for the application of this knowledge by industrial organizations are given, and some of the problems that remain to be solved are indicated. Briefly, stated, the conclusions are: (a) that the human ear is not tough enough to take, without damage to hearing, the noises present in many industrial situations, and (b) that therefore, if deafness due to industrial noise and the resultant making of disability payments are to be avoided, measures should be taken to protect the ears of all personnel who, when working, are subjected to exposure to injuriously intense sounds."

DEAF--PROGRAMS

544. Manson, Alexander MacLeod.

The work of the Protestant churches for the deaf in North America, 1815-1949, I. Am. Annals of the Deaf. May, 1950. 95:3:265-279.

"The scope of this survey embraces an appreciation of Protestant ministrations to the deaf in North America, from its beginning until 1949. Special consideration is given to the denominational work, although the inter-denominational aspects of it are also included. The historical approach is followed substantially in the treatment of every phase of this theme...Finally, attention is directed to certain means and goals for the furtherance of this project."

Article to be continued in the September issue.

DEAF--PSYCHOLOGICAL TESTS

See 576.

EMPLOYMENT

545. Keenan, Edward L.

Job goals for the handicapped. Employment Security Rev. June, 1950. 17:6:26-28.

"Adapted from remarks of Edward L. Keenan, Deputy Director, Bureau of Employment Security, U. S. Department of Labor, before the Third Annual Institute on Employment of the Physically Handicapped, sponsored by the Fraternal Order of Eagles and held in Milwaukee, Wis., March 25."

EPILEPSY--ETIOLOGY

546. Malzberg, Benjamin.

Order of birth and size of family among epileptics. N.P., Craig Colony Pr., 1949. 13 p.

"The present study is directed to an analysis of the prevalence of epilepsy in relation to birth order, and to a consideration of size of family. The data consist

EPILEPSY--ETIOLOGY (continued)

of 3,906 consecutive first admissions to Craig Colony, the only public institution for the care of epileptics in New York State...Irrespective of the classification with respect to type of epilepsy, there is evidence, therefore, that epilepsy appears with undue frequency among the first born...The average numbers of children per family in the symptomatic and idiopathic divisions were 3.6 and 4.0 respectively."

EPILEPSY--PROGRAMS

547. Lennox, William G.

Saving epileptic children. Child. June-July, 1950. 14:12:187-190.

A general review of the epilepsy problem, how seizures are medically controlled, and of the program of care needed for epileptic children.

EXERCISE

548. Friedland, Fritz.

A progressive resistance exercise; apparatus for physical rehabilitation of patients with amputations, fractures and paralysis of the lower extremity, by Fritz Friedland and Marilyn M. Couture. Archives of Physical Medicine. June, 1950. 31:6:401-405

"The purpose of this paper is to describe an apparatus which permits the adaptation of DeLorme's progressive resistance exercises to conditions for which the conventional setup is not adequate. The apparatus is constructed for the performance of hip and knee exercises by above-knee and below-knee amputees as well as for the early treatment of patients with fractures of the high or lower leg and also with paralyses of the ankle or foot."

HANDICAPPED--PROGRAMS

549. President's Committee to Employ the Physically Handicapped Week.

Phases of the federal program for the handicapped. (Washington) The Committee (1950). Wall chart.

This wall chart, 37 x 43 inches, is available from President's Committee to Employ the Physically Handicapped Week, U.S. Bureau of Labor Standards, Washington 25, D.C. F

HANDICRAFTS

See 598.

HEAD INJURIES--NURSING CARE

550. Carini, Esta.

Acute craniocerebral injuries, by Esta Carini and Franklin Robinson. Am. J. of Nursing. July, 1950. 50:7:423-427.

"The frequent occurrence of craniocerebral injuries makes it essential that nurses be familiar with the clinical manifestations and treatment of these conditions."

HEALTH SERVICES

551. (National Health Council)

Quiet--people at work; highlights of the Inter-agency Institute on Local and State Health Councils held under the auspices of the National Health Councils, Nov. 29-30, 1949, Nassau Tavern, Princeton, N.J. (New York, The Council, 1950?) 46 p. Mimeo.

The Inter-Agency Institute on Local and State Health Councils was held as a result of the growing interest in the health council movement in America. The Institute was aimed at bringing into focus the problems attending the organization and functioning of the health council. The conference was attended by ninety persons, representing twenty groups scattered throughout the health council movement. This report contains the heart of the participation.

Available from the National Health Council, 1790 Broadway, New York, N.Y.

HEART DISEASE--SOCIAL SERVICE

552. Haselkorn, Florence.

A multiple-service approach to cardiac patients, by Florence Haselkorn and Leopold Bellak. Social Casework. July, 1950. 31:7:292-298.

HEART DISEASE--SOCIAL SERVICE (continued)

"Encouraged by the success of its multiple-service approach to the tuberculous, the Committee for the Care of the Jewish Tuberculous during the last two years has attempted to adapt its agency experience to the rehabilitation of cardiacs...Our purpose broadly stated, is the rehabilitation of the cardiac, physically, emotionally, and socially...The enabling services are the sheltered workshop-- Altro Workshops operated by our agency--with medical supervision of activity, casework, and psychotherapy."

HOMEBOUND--SPECIAL EDUCATION

See 559.

HOMEBOUND--SPECIAL EDUCATION--INDIANA

553. Indiana. Hammond Public Schools, Hammond.

The homebound child; his education and welfare. Hammond, the Schools, 1950. (14) p., illus.

"This little booklet aims to set forth briefly the Hammond (Indiana) Schools plan of education for homebound children. It is believed that parents concerned will find it useful and that the general public will be interested in the information presented."

Distributed by the Hammond Public Schools, Lee L. Caldwell, Superintendent, Hammond, Ind.

HYDROCEPHALUS

554. Bradley, Chester D.

An unusual case of hydrocephalus with some comments on delivery. Med. Women's J. June, 1950. 57:6:24-28.

"A case of breech hydrocephalus is reported where the head was too large to engage in the pelvis and only a portion of the infant's body could be delivered. Delivery was effected by draining the head through the spinal canal. Consideration is given to the management of hydrocephalic births in general. The older technics are evaluated in the light of recent advances and found wanting."

LATERALITY

555. Bakwin, Harry.

Lateral dominance; right-and left-handedness. J. of Pediatrics. Mar., 1950. 36:3:385-391.

The origin of lateral dominance, incidence, training for handedness, eyedness, intergrades, and the problems associated with alteration in lateral dominance are discussed in this article.

LEUKEMIA

556. Cooke, Jean V.

Leukemia in children. Am. J. of Nursing. June, 1950. 50:6:353-355.

Relief of acute symptoms and general care are most important considerations in the treatment of these children. Chronic leukemia, acute leukemia, nursing care, treatment and new drugs are discussed.

MENTAL DEFECTIVES

557. Hay, Woodhull.

Mental retardation problems in different age groups. Occupational Education. May, 1950. 7:8:169-178.

A discussion of the problems facing parents and the mentally retarded child as determined by his growth and development. The changing daily activities and interests are analyzed according to the following age groups: Preschool period, ages 0-6; School period; ages 6-16; post-school period, above age 16.

See also 580.

MENTAL DEFECTIVES--BIBLIOGRAPHY

558. French, Edward L.

A basic bibliography in mental deficiency. Training School Bul. May, 1950. 47:3:64-67.

This annotated bibliography "is offered for the purpose of assisting interested persons to become acquainted with the field of mental deficiency. It is intended to be basic rather than exhaustive... Interested students may follow up any particular aspect of the field by reference to the bibliographies appended to many of the basic texts." 19 references.

MENTAL DEFECTIVES--SPECIAL EDUCATION

559. Cianci, Vincentz.

A new approach to understanding the problem of the deviate child; the home teacher. Welfare Reporter, N. J. Department of Institutions and Agencies, June, 1950. 5:2:9-10, 11.

Miss Cianci is supervisor of home teaching, working out of the North Jersey Training School at Totowa. The type of retarded child she works with is that sometimes labeled "institutional" and not acceptable in the public school. Working with the parent and the mentally deficient child in the home, the home teacher can be most helpful in creating better home and family adjustments and a better community understanding of the problem of mental deficiency.

This type of home training program, begun first in Massachusetts where it was conducted by trained social workers, is being developed in New Jersey by a person trained in education, psychology, and guidance.

See also 577.

MENTAL DISEASES

560. Lurie, Louis A.

Psychoses in children; a review, by Louis A. Lurie and Max L. Lurie. J. of Pediatrics. June, 1950. 36:6:801-809.

A review of the development of our present knowledge of psychoses in children in order better to understand the increased interest in child psychiatry that has taken place in recent years. 50 references.

MENTAL DISEASES--RECREATION

561. Wood, Harlan C.

New Horizons in physical rehabilitation. J. of the Am. Assn. for Health, Physical Education and Recreation. June, 1950. 21:6:335, 362-365.

"It is not within the scope of this paper to discuss the entire field of physical rehabilitation but rather to focus the attention of physical educators and physical education students upon one phase of it, the use of therapeutic physical activities for neuro-psychiatric patients. This can best be done by discussing a series of training courses held at the Winter VA Hospital, Topeka, Kansas, for therapists working in this field."

MONGOLISM

562. Book, J. A.

Empiric risk figures in mongolism, by J. A. Book and S. C. Reed. J. Am. Med. Assn. June 24, 1950. 143:8:730-732.

"The empiric risk figures for mongolism may be summarized as follows: 1) A woman who has borne a mongoloid child runs a statistical chance of about 4 per cent of having the next pregnancy result in the birth of another mongoloid child. This implies a 40 times greater risk than the average at all ages. 2) Any woman who becomes pregnant after she is 40 runs a statistical chance of about 1 to 6 per cent of having a mongoloid child. 3) The frequency of mongolism in the general population is estimated to lie somewhat between 1:500 and 1:1,500."

MONGOLISM--STATISTICS

563. Parker, George F.

The incidence of mongoloid imbecility in the newborn infant; a ten-year study covering 27,931 live births. J. of Pediatrics. Apr., 1950. 36:4:493-494.

"A study of the incidence of Mongoloid imbecility in a newborn nursery during a ten-year period has been made. There were thirty-two Mongoloid imbeciles among 27,931 liveborn infants, and incidence of 1.15 per thousand, or a ratio of one Mongoloid imbecile to 873 liveborn infants. There was no significant difference in incidence according to race or the sex of the infant. There was, however, a marked increase in the frequency among prematurely born infants (1:354) as compared to infants born at term (1:1,108)."

MUSCLES

564. Harell, Alex (and others).

The problem of spasm in skeletal muscle; a clinical and laboratory study, by Alex Harell, Sedgwick Mead and Emily Mueller. J. Am. Med. Assn. June 17, 1950. 143:3:640-644.

"1. Spasm in skeletal muscle is a reversible state of sustained involuntary contraction accompanied with muscular shortening and associated with electrical potential changes. 2. Groups of patients with various types of low back pain, fractures and poliomyelitis have been examined carefully for the existence of muscular spasm, using electromyographic technics. Only in an inconsequentially small number could such spasm be detected. It is believed that the clinical diagnosis of spasm in peripheral conditions such as backache, fracture or poliomyelitis will be erroneous in a large percentage of cases. 3. Clinical and experimental work is described which shows that there seems to be no specific cause and effect relationship between spasm and painful peripheral states. 4. A strong plea is made for thoughtful use of the term spasm, differentiating it carefully from spasms, spasticity, tonus, contracture, cramp and rigidity."

565. Huddleston, O. Leonard (and others).

The use of electromyography in the diagnosis of neuromuscular disorders, by O. Leonard Huddleston (and others). Archives of Physical Medicine. June, 1950. 31:6:378-387.

"Electromyography is now a well recognized clinical procedure, destined to equal electrocardiography in importance... Electromyography has three important services to offer in the management of neuromuscular disorders: 1) differential diagnosis; 2) prognosis; 3) assistance in the treatment. Only the first of these services will be discussed in this article."

OCCUPATIONAL THERAPY

See 513;598.

OCCUPATIONAL THERAPY--PERSONNEL

566. West, Wilma L.

Why aren't there more occupational therapists? Crippled Child. June, 1950. 28:1:18-19, 28-29.

"Current statistics indicate an immediate need for 6,000 occupational therapists. As of 1950, there are only 2,300 actively engaged in practicing their profession." This article by the Executive Director of the American Occupational Therapy Association reports the efforts of the Association and others in meeting this demand.

OLD AGE--EMPLOYMENT

567. U. S. Office of Vocational Rehabilitation.

Rehabilitation of the disabled, 45 years of age and over, fiscal years 1949 and 1948. Washington, The Office, 1950. 13 p. (Administrative service series no. 58) Mimeo.

OLD AGE--EMPLOYMENT (continued)

"The material presented in this release contains detailed data on the persons 45 years of age or older rehabilitated by the State rehabilitation agencies during the past two fiscal years."

OSTEOGENESIS IMPERFECTA

568. Scott, Roland B.

Osteogenesis imperfecta congenita; report of a case in a negro infant, by Roland B. Scott and Clinton H. Wooding. J. of Pediatrics. Mar., 1950. 36: 3:381-384.

"This infant exhibited the usual physical and roentgenographic findings of osteogenesis imperfecta congenita. In the differential diagnosis congenital rickets and syphilis were excluded on the basis of the history, physical examination, and laboratory data...There is no satisfactory specific therapy for osteogenesis imperfecta. Afflicted infants should be carefully protected to avoid fractures."

PARALYSIS--PHYSICAL THERAPY

569. Kabat, Herman.

Studies on neuromuscular dysfunction, XII: rhythmic stabilization, a new and more effective technique for treatment of paralysis through a cerebellar mechanism. Permanente Foundation Med. Bul. Jan., 1950. 8:1:9-19. Reprint.

"A brief analysis was made of deficiencies inherent in accepted methods of neuromuscular reeducation for treatment of paralysis. Earlier development in techniques for reinforcing voluntary motion have been summarized... Evidence is presented that the cerebellum is an essential part of the mechanism for rhythmic stabilization and that cerebellar pathways may be utilized as a compensation mechanism for voluntary motion in man."

PARAPLEGIA--EQUIPMENT

570. Abramson, Arthur S.

Principles of bracing in the rehabilitation of the paraplegic. Bul., Hospital for Joint Diseases. Oct., 1949. 10:2:175-182. Reprint.

"1) Total or partial crutch-and-brace walking is an integral part of the rehabilitation of the paraplegic. 2) Pelvic bands and back braces attached to the leg braces are rarely, if ever, necessary. 3) The latissimus dorsi and the lower third of the trapezius should be trained to replace the functions of these appliances. 4) The posterior upper thigh band should be curved to fit loosely into the gluteal fold in order to prevent external rotation. 5) Stirrups, instead of calipers, should be used exclusively."

PARAPLEGIA--MEDICAL TREATMENT

571. New York. New York University-Bellevue Medical Center. Department of Physical Medicine and Rehabilitation.

P's and q's; paraplegics and quadriplegics, what to do when you are home. New York, The Dept., (1950?). (17) p., illus. Mimeo.

A small booklet with drawings and brief text prepared for patients at Bellevue and Goldwater Memorial Hospitals.

Distributed by Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, First Avenue and E. 27th St., New York 16, N. Y.

PARAPLEGIA--MENTAL HYGIENE

572. Mueller, Alfred D.

Personality problems of the spinal cord injured. J. of Consulting Psychology. June, 1950. 14:3:189-192.

"Personality problems of the spinal cord injured, as revealed by recent

PARAPLEGIA--MENTAL HYGIENE (continued)

psychological studies, are summarized, and their bearing on the rehabilitation of these patients is outlined. Personality characteristics and attitudes revealed most frequently are: situational depression association with the disability and with future role in life; a tendency to immature emotional expression characterized by impulsiveness, explosiveness, and egocentric behavior; a tendency toward ambivalence, and indecision characterized by passive, submissive, and dependent behavior; and, a tendency toward autistic or unrealistic thinking regarding problems of life...A successful program of rehabilitation, based on a psychological approach, is discussed."

PARAPLEGIA--PSYCHOLOGICAL TESTS

573. Manson, Morse, P.

The measurement of intelligence of one hundred two male paraplegics. J. of Consulting Psychology. June, 1950. 14:3:193-196.

"A group of 102 male paraplegic veterans had a mean IQ of 108.7. Paraplegics completing vocational advisement and developing training programs leading to specific work objectives had higher mean IQ's than paraplegics not completing advisement. But the difference in mean IQ's was not statistically significant. No substantial evidence of mental deterioration due to injuries pertaining to paraplegia was found."

POLIOMYELITIS--MEDICAL TREATMENT

574. Hansson, Kristian.

Care of upper extremity paralysis in poliomyelitis. Archives of Physical Medicine. June, 1950. 31:6:387-391.

"Paralysis of upper extremities is more disabling than similar paralysis of lower extremities. It therefore becomes more important to observe all preventative and therapeutic measures. 1) The principle therapy, the after-effects of poliomyelitis anywhere, is to release spasm, support and strengthen weakened muscles and prevent deformity. 2) It is especially necessary to use the proper brace in case of apralysis of serratus magnus and deltoid muscles. 3) Electrical stimulations are indicated when one muscle or a small muscle group is paralyzed. 4) Weight-lifting exercises are recommended for increasing strength of muscles."

See also 521; 564.

PSYCHOLOGICAL TESTS

575. Fielding, Benjamin Blumenfeld.

Attitudes and aspects of adjustment of the orthopedically handicapped woman. New York, The Author, 1950. 15 p. Typed.

Thesis for the Degree of Doctor of Education, Teachers College, Columbia University, 1950. Unpublished.

Library has the following sections: Ch. IV, Analysis of results of tests. - Ch. V, Recommendations. - Summary.

The following tests were used with 40 orthopedically handicapped women 18 to 30 years of age: The Attitude Inventory Test, The Story Completion Test, The Social Worker's Evaluation Test, Drawing of the Human Figure Test and the Bell Adjustment Inventory. The author finds that there is a high relationship between the degree of acceptance of the disability and social and emotional adjustments, and a high correlation between the degree of acceptance of the disability and the total personality adjustment; that there is no relationship between the degree of acceptance of the disability and the degree of disability; that the reaction and direction of frustration of the orthopaedically handicapped woman are no different from those of the normal population; that vocational and marital adjustments appear to be good indications of one's acceptance of the disability.

576. Myklebust, Helmer R.

The use of clinical psychological screening techniques by audiologists and

PSYCHOLOGICAL TESTS (continued)

speech pathologists. J. of Speech and Hearing Disorders. June, 1950. 15:2:129-134.

"Speech pathologists and audiologists can use certain clinical psychological techniques for screening purposes. Proper orientation and training in the use of these techniques is essential. The use of a battery of psychological screening tests emphasizes the multiphasic aspects of the individual and allows for a more comprehensive understanding of his problem. Screening tests are suggested for the areas of intelligence, social maturity, personal adjustment, motor ability, educational achievement, hearing and vision."

READING

577. French, Edward L.

Reading disability and mental deficiency; a preliminary report. Training School Bul. May, 1950. 47:4:47-56.

"In the course of clinical examinations at The Training School, many children were discovered whose reading level fell below expectancy as based on mental age. Reading diagnoses were made on these children and eighteen showed typical 'strephsymbolic' patterns, with definite associational deficiencies. From these eighteen, three were selected to form a group homogeneous with respect to associational deficiencies, reading and spelling levels, M.A. and C.A. A teacher was instructed in the principles and use of the Gillingham and Stillman method as adapted slightly by the writer for group work. In the course of the instruction this teacher was carefully supervised. The group was taught for a five months period using this method. Reading levels were measured at the beginning and end of the period of instruction. In all cases, the children gained considerably more than would be expected as normal growth during that period, indicating that much of the progress made was not purely maturational but was due to the instruction. This is held as indicating that specific reading disabilities can exist in the mentally subnormal and that such disabilities are, to some extent at least, remediable."

REHABILITATION

578. Shands, Alfred D.

What every physician should know about the rehabilitation of the crippled child. Am. J. of Occupational Therapy. May-June, 1950. 4:3:99, 135.

The three parts of a program for crippled children, all of equal importance, are medical care, education, and job placement. "...the doctors are coming to realize more and more that medical care does not end with the treatment of the disease or injury and that it is their responsibility to see that their patients are placed back into society with the best possible economic and social adjustment... A combined program is essential where the doctor is the leader of the therapeutic team of the nurse, the social worker, the occupational therapist, the physical therapist, the psychologist, the academic teacher, the vocational teacher, and many other related workers."

RELIGION

See 524.

Rh FACTOR

579. Browne, William Harcourt.

The present status of the management of the Rh negative pregnant woman. Surgical Clinics of North America. Feb., 1950. 30:1:169-174. Reprint.

"From the foregoing, it will be seen that the management of the pregnant Rh negative woman has not changed much in the last two or three years. If and when some method of preventing sensitization of the Rh negative woman to Rh positive blood, or neutralizing anti-Rh antibodies after they have been formed, the treatment of this condition will be advanced immeasurably."

Rh FACTOR (continued)

580. Gerver, John M.

Intelligence quotient of children who have recovered from erythroblastosis fetalis, by John M. Gerver and Richard Day. J. of Pediatrics. Mar., 1950. 36:3:342-348. Reprint.

"The average intelligence, as measured by the Stanford-Binet Scale, of a group of sixty-eight children recovered from erythroblastosis fetalis without suffering obvious motor nerve damage was found to be lower than that of their unaffected older brothers and sisters. Statistical analysis indicates that the inferiority is not likely to have resulted from chance nor from the circumstance that the affected child was always younger than his control sibling. The extent of the impairment is slight, the mean difference in I.Q. being only 11.8, so that there is no occasion for altering the usual custom of giving a good prognosis to the parents of a child who has apparently recovered from erythroblastosis without suffering motor nerve injury. The data presented do not distinguish between a specific effect of the Rh antibody and a nonspecific one such as might in any illness in the newborn period."

581. Molony, Clement J.

Treatment of erythroblastosis; analysis of community efforts using the substitution transfusion. Pediatrics. June, 1950. 5:6:1008-1021.

"All cases of erythroblastosis which had had substitution transfusions during the first two year period in the Los Angeles area were assembled. For comparison with nonsubstituted cases, all cases of erythroblastosis admitted to the Los Angeles Children's Hospital over this same period of time were studied. These two groups of cases form the basis for this report... The plan of this paper is: 1. To report on the cases treated and to compare results with nonsubstituted cases; 2. To report on the difficulties encountered and the mistakes made; 3. To suggest a plan of procedure which will eliminate these dangers."

SCLEROSIS

582. Friedman, Arnold P.

Amyotrophic lateral sclerosis, by Arnold P. Friedman and David Freedman. J. of Nervous and Mental Disease. Jan., 1950. 111:1:1-18. Reprint.

"The purpose of the present study is to review the subject of amyotrophic lateral sclerosis and to analyze a series of 111 patients with this syndrome who were hospitalized at Montefiore Hospital in the last 14 years. Seventy-seven patients of this group were followed to death and autopsies were performed on 50 cases. This series is unique in the number of autopsy cases reported."

SHELTERED WORKSHOPS

583. Deaver, George G.

Sheltered workshops. Crippled Child. June, 1950. 28:1:7-9, 28.

Outlines the policies and the operating procedures of a sheltered workshop. A paper read at the workshop on sheltered workshops sponsored by the National Society for Crippled Children and Adults at the National Social Work Conference, Atlantic City, April 1950.

SHELTERED WORKSHOPS--GREAT BRITAIN

584. Turner, A. E. (and others).

Haven products; a Scottish experiment in the employment of severely disabled men, by A. E. Turner, T. A. Stirrat and T. Ferguson. London, Nuffield Provincial Hospitals Trust (1949?). 27 p., illus.

An illustrated brochure reporting a sheltered workshop experiment with severely handicapped persons since the opening of the workshop near Glasgow, Scotland, in January 1950.

This report is the basis for the article "The idea of the sheltered workshop," by T. Ferguson, that appeared in Occupational Therapy and Rehabilitation, April,

SHELTERED WORKSHOPS--GREAT BRITAIN (continued)

1950, pp. 73-82 (See Bulletin on Current Literature, June, 1950, item 417).

SOCIAL WELFARE--ADMINISTRATION

585. Council of Jewish Federations and Welfare Funds.

The annual meeting. New York, The Council, n. d. (29) p. Mimeo.

Contents: 1. How to organize it. - 2. A study of community experience.

A manual prepared by the Council of Jewish Federations and Welfare Funds to help its members in organizing and conducting annual meetings. Information given should prove helpful to all types of social welfare and health agencies.

Available from The Council, 165 W. 46th St., New York 19, N. Y., at 75¢ a copy.

SPECIAL EDUCATION

586. Pennsylvania. Woods Schools. Child Research Clinic.

Some contemporary thinking about the exceptional child. Langhorne, The Schools, 1949. 64 p.

Proceedings of a special conference on education and the exceptional child.

Partial contents: Financial provision for public or private care of the exceptional child, by Richard W. Thorington.-Panel discussion: Certain contemporary problems concerning the exceptional child, William S. Livengood (Legislator), Paul Dozier (Psychiatrist), William Drayton, Jr. (Physician), Robert G. Ferguson (Psychologist), Lester N. Myer (Educator), Helen C. Hubbell (Child Welfare Worker), Edward L. Johnstone (Institutional Administrator).-Recent developments in physical, physiological and pharmacological procedures in the treatment of the exceptional child, by J. Franklin Robinson.-Education and training of the exceptional child, by Richard H. Hungerford.-A realistic democratic approach to the exceptional, by Leslie B. Hohman.

Available from Child Research Clinic, The Woods Schools, Langhorne, Pa.

SPECIAL EDUCATION--INSTITUTIONS--ILLINOIS

587. Lowell, Mildred V.

Red Cross enters the classroom, by Mildred V. Lowell and Mrs. Rivers Sullivan. Volunteer. June, 1950. 3:4:10-12.

An account of the Taylor School, Galesburg, Illinois, and the activities of Red Cross volunteer workers in the recreational, diversional, and occupational therapy program of the school begun in 1946.

A copy of this issue of The Volunteer may be requested of the editor, Martha Delaney, American National Red Cross, 17th and D Streets, N. W., Washington, D. C.

SPECIAL EDUCATION--LEGISLATION

588. Miers, Earl Schenck.

Education, the road to independence. Crippled Child. June, 1950. 28:1:16-17.

"This article was presented as testimony during the hearings on the Physically Handicapped Children's Act of 1950, held in May before a sub-committee of the U. S. Senate Committee on Labor and Welfare... Mr. Meirs was one of 27 persons who testified in support of the bill."

SPEECH CORRECTION

See 576.

STATE SERVICES--WASHINGTON

589. (Washington. Crippled Children's Services)

A helping hand for Washington's crippled children. (Seattle, The Services, 1950) (13) p.

This booklet describes the activities of the Crippled Children's Services of Washington. The following aspects are discussed: what Crippled Children's Services offer, who is eligible, how the program works, clinics, planning for treatment, surgery and hospitalization, other services, the cerebral palsy program, the rheumatic fever program, the conservation of hearing program, and cooperation with other agencies.

STATE SERVICES--WASHINGTON (continued)

Available free from Crippled Children's Services, Washington State Department of Health, 1412 Smith Tower, Seattle 4, Washington.

STUTTERING

590. De Hirsch, Katrina.

Clinical note on stuttering and cluttering in young children, by Katrina de Hirsch and William S. Langford. Pediatrics. June, 1950. 5:6:934-940.

"Speech is a means of expression of the personality as well as a means of communication; severe dysfunctions in speech then may reflect a personality disorder or a disorder of interpersonal relationships or both. In the child, however, speech is also a tool which he masters as it develops. A speech difficulty in the growing child must be evaluated from both points of view."

591. Karlin, Isaac W.

Stuttering, the problem today. J. Am. Med. Assn. June 24, 1950. 143:8:732-736.

"Stuttering is a disturbance in the rhythm of speech, and the symptoms unfold gradually. The principal present day theories are that stuttering is 1) a psychoneurosis or a personality disorder; 2) a habit or a behavior that is learned, and 3) an organic disorder of language function. The theory that it is due primarily to a slower process of myelinization of the cortical speech areas offers a satisfactory explanation of the basic facts. Emotional and environmental factors play an important role in unfolding and perpetuating the disorder. Emphasis in the treatment should be on prevention. Every preschool child who shows early signs of stuttering should receive immediate treatment."

SWIMMING

592. Bryant, Carroll L.

But the kids can swim. Volunteer. June, 1950. 3:4:8-9.

A brief description of the Red Cross program of "Aquatics for the Disabled and Handicapped," by the National Director of Water Safety.

For a copy of this issue write to the editor, Martha Delaney, The Volunteer, American National Red Cross, 17th and D Streets, N. W., Washington 13, D. C.

VETERANS (DISABLED)--PSYCHOLOGICAL TESTS

593. Osborne, R. T. (and others).

Are disabled veterans significantly different from nondisabled veterans in occupational preferences, employment histories, aptitudes, and college achievements? by R. T. Osborne, J. E. Greene and Wilma Sanders. School and Society. July 1, 1950. 72:1854:8-11.

A report of comparative findings between a group of 339 disabled veterans and 396 nondisabled veterans, all of whom had received advisement in the University of Georgia Guidance Center. Data shows that the disabled veterans were older, more likely to be married, and prior to military service had completed more formal schooling; more disabled veterans had engaged in agricultural occupations, although less in clerical occupations; disabled veterans were more likely to pursue training in professional vocations, and primarily in the College of Agriculture, nondisabled veterans tending to major more in business administration, arts and sciences and journalism; differences in scholastic aptitudes in the two groups were generally insignificant; the Kuder Preference Record favors the disabled veteran on the social-service scale and the nondisabled veteran on musical, artistic and clerical scales; total scores of the Bell Adjustment Inventory (Adult) shows the disabled veteran better adjusted although both groups fall within the "average adjustment category;" there was a slight but statistically unreliable tendency for disabled veterans to earn higher average marks.

VOCATIONAL REHABILITATION

594. Louisiana Welfare, Louisiana Dept. of Public Welfare. April, 1950. 10:2:2-17.

Entire issue devoted to subject: Vocational rehabilitation.

Contents: Salvage, by S. W. Hendrix.-Rehabilitation in a rural parish, by Drew Pearson.-"Johnny can't talk well, but...", by W. A. Hyde.-"Case closed--rehabilitated, by Robert J. Francioni.-Rehabilitation in Orleans Parish, by Martha Babcock.

This issue is available from Editor, Louisiana Welfare, State Department of Public Welfare, State Capitol Office Bldg., Baton Rouge 4, La.

VOCATIONAL REHABILITATION--TENNESSEE

595. Cole, William E.

Needs and opportunities for cooperation in working with the handicapped. Tennessee Public Welfare Record. June, 1950. 13:6:103-107.

A paper delivered at the annual staff conference of the Division of Vocational Rehabilitation at Gatlinburg in November, 1949, by the head of the Department of Sociology, University of Tennessee.

VOLUNTARY HEALTH AGENCIES

596. Lull, George F.

Voluntary health agencies; Americans like to help their neighbors. Crippled Child. June, 1950. 28:1:4-6, 29.

"Americans are enthusiastic supporters of a just cause. They spend not only their money but hours upon hours of their time promoting, developing and strengthening voluntary agencies with desirable goals. That is why 300,000 outstanding men and women voluntarily serve on the boards and committees of 20,000 voluntary health agencies. That is why the American public subscribes an annual \$100,000,000 in gifts ranging from pennies to fortunes to permit these agencies to do their work..."

VOLUNTEER WORKERS

See 587; 592.

VOLUNTEER WORKERS--BIBLIOGRAPHY

597. Missouri. Council of Social Agencies of Kansas City, Missouri. Volunteer Service Committee.

Bibliography on citizen participation in social agencies. Kansas City, The Council (1949). 3 p. Mimeo.

A bibliography listing books, pamphlets and magazine articles dealing with volunteers who serve on boards or committees and who are thus concerned with policy making; material dealing with the place of the volunteer in agency programs and activities; material which is useful in planning volunteer service in the agency setting; and material on community organization for volunteer service and the operation of a volunteer service bureau.

Distributed by Family and Child Welfare Council, Council of Social Agencies, 1020 McGee St., Kansas City 6, Mo. Free.

NEW BOOKS IN THE LOAN LIBRARY

HANDICRAFTS

598. Spear, Marion R.

Keeping idle hands busy: occupational therapy. Minneapolis, Minn., Burgess Publ. Co., c1950. 96 p., illus. Spiral binding. Planographed. \$1.75.

"This book has been prepared for those with a limited budget but who are endowed with imagination and resourcefulness. It has been directed toward occupational therapists, teachers, camp leaders, housewives, and others interested in working with their hands..Except in a few cases, directions for making the articles mentioned have been intentionally omitted since they may be found elsewhere. This is intended primarily as a source book. The materials mentioned may be obtained in institutions, in the home, from friends, merchants, or at rummage sales."

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